



March 23, 2005

ENGROSSED SENATE BILL No. 481

DIGEST OF SB 481 (Updated March 22, 2005 1:28 pm - DI 77)

Citations Affected: IC 12-7; IC 12-13; noncode.

Synopsis: Medicaid waiver. Allows the division of family and children to implement a program to provide transitional services to individuals who have become or will become 18 years of age or emancipated while receiving foster care. Allows the office of Medicaid policy and planning to apply for an amendment to the state Medicaid plan and, if necessary, apply for a Medicaid waiver to provide services to individuals who are at least 18 years of age but less than 21 years of age who have become too old to be eligible for foster care. Requires the office of Medicaid policy and planning to apply for a Medicaid waiver that would allow certain Medicaid eligible elderly and disabled persons to receive a cash allowance or have control of a specific budget so that they may purchase certain eligible services.

Effective: Upon passage; July 1, 2005.

**Lawson C, Miller, Dillon, Simpson,
Sipes, Skinner, Mishler, Breaux, Gard,
Riegsecker**

(HOUSE SPONSORS — BUDAK, BECKER, CRAWFORD)

January 18, 2005, read first time and referred to Committee on Health and Provider Services.

February 10, 2005, amended, reported favorably — Do Pass.

February 14, 2005, read second time, amended, ordered engrossed.

February 15, 2005, engrossed. Read third time, passed. Yeas 48, nays 0.

HOUSE ACTION

March 14, 2005, read first time and referred to Committee on Public Health.

March 22, 2005, amended, reported — Do Pass.

C
o
p
y

ES 481—LS 7840/DI 110+



March 23, 2005

First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 481

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 12-7-2-192.7 IS ADDED TO THE INDIANA
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2005]: **Sec. 192.7. "Transitional services**
4 **plan", for purposes of IC 12-13-5-13, has the meaning set forth in**
5 **IC 12-13-5-13(a).**
- 6 SECTION 2. IC 12-13-5-13 IS ADDED TO THE INDIANA CODE
7 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
8 1, 2005]: **Sec. 13. (a) As used in this section, "transitional services**
9 **plan" means a plan that provides information concerning the**
10 **following to an individual described in subsection (b):**
- 11 (1) **Education.**
12 (2) **Employment.**
13 (3) **Housing.**
14 (4) **Health care.**
15 (5) **Development of problem solving skills.**
16 (6) **Available local, state, and federal financial assistance.**
17 (b) **The division may implement a program that provides a**

ES 481—LS 7840/DI 110+



C
o
p
y

transitional services plan to an individual who:

(1) has become; or

(2) will become;

eighteen (18) years of age or emancipated while receiving foster care.

(c) The division may adopt rules under IC 4-22-2 necessary to implement the program described in this section.

SECTION 3. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "office" refers to the office of Medicaid policy and planning established by IC 12-8-6-1.

(b) The office may apply to the United States Department of Health and Human Services for approval to amend the state Medicaid plan to include services for an individual who:

(1) is:

(A) at least eighteen (18) years of age; and

(B) less than twenty-one (21) years of age; and

(2) was receiving foster care when the individual became:

(A) eighteen (18) years of age; or

(B) emancipated;

and who meets the income and resource eligibility requirements for an individual under the state Medicaid plan.

(c) If the office determines a Medicaid waiver is necessary, the office may apply to the United States Department of Health and Human Services for approval of a Medicaid waiver to fund services for an individual described in subsection (b).

(d) The office may not implement the amendment to the state Medicaid plan until the office files an affidavit with the governor attesting that the amendment applied for under this SECTION is in effect. The office shall file the affidavit under this subsection not more than five (5) days after the office is notified that the amendment is approved.

(e) The office may not implement the Medicaid waiver until the office files an affidavit with the governor attesting that the waiver applied for under this SECTION is in effect. The office shall file the affidavit under this subsection not more than five (5) days after the office is notified that the waiver is approved.

(f) If the office receives approval to amend the state Medicaid plan under this SECTION from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (d), the office shall implement the amendment not more than five (5) days after the governor receives the affidavit.

C
o
p
y



(g) If the office receives approval for the Medicaid waiver under this SECTION from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (e), the office shall implement the waiver not more than five (5) days after the governor receives the affidavit.

(h) This SECTION expires December 31, 2009.

SECTION 4. [EFFECTIVE JULY 1, 2005] (a) As used in this SECTION, "eligible Medicaid recipient" means any of the following:

(1) An individual who is:

(A) at least sixty (60) years of age; and

(B) receiving services under a 1915c Medicaid waiver.

(2) A physically or developmentally disabled individual who is:

(A) at least eighteen (18) years of age but less than sixty-five (65) years of age; and

(B) receiving Medicaid home and community based waiver services.

(3) A developmentally disabled individual who is:

(A) at least three (3) years of age but less than eighteen (18) years of age; and

(B) receiving Medicaid home and community based waiver services.

(b) As used in this SECTION, "eligible services" means care received in the home or the community by an eligible Medicaid recipient that meets the recipient's long term care needs and without which the recipient would be at risk for institutional placement.

(c) As used in this SECTION, "office" refers to the office of Medicaid policy and planning established by IC 12-8-6-1.

(d) Before January 1, 2006, the office shall apply to the United States Department of Health and Human Services for approval of a waiver (commonly referred to as the cash and counseling or cash and carrying demonstration waiver) that would allow an eligible Medicaid recipient to receive a cash allowance or have control of a specific budget so that the recipient may purchase eligible services. The office may include in the waiver request a provision that would allow the office to provide an eligible Medicaid recipient with a case manager to assist the recipient by assessing the recipient's needs and establishing the recipient's budget.

(e) The office may not implement the waiver until the office files an affidavit with the governor attesting that the federal waiver

C
o
p
y



1 applied for under this SECTION is in effect. The office shall file the
2 affidavit under this subsection not later than five (5) days after the
3 office is notified by the United States Department of Health and
4 Human Services that the waiver is approved.

5 (f) If the office receives approval of a waiver under this
6 SECTION from the United States Department of Health and
7 Human Services and the governor receives the affidavit filed under
8 subsection (e), the office shall implement the waiver not more than
9 sixty (60) days after the governor receives the affidavit.

10 (g) The office may adopt rules under IC 4-22-2 necessary to
11 implement this SECTION.

12 (h) This SECTION expires December 31, 2013.

13 SECTION 5. An emergency is declared for this act.

C
o
p
y



SENATE MOTION

Madam President: I move that Senators Miller, Dillon and Simpson
be added as coauthors of Senate Bill 481.

LAWSON C

**C
o
p
y**



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 481, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, line 3, delete "services"," and insert "**services plan**",.

Page 1, line 8, delete "services"" and insert "**services plan**".

Page 1, line 9, delete "services identified under".

Page 2, line 1, delete "shall" and insert "**may**".

Page 2, line 1, after "provides" insert "**a**".

Page 2, line 2, after "services" insert "**plan**".

Page 2, line 12, delete "shall" and insert "**may**".

Page 2, line 18, delete "twenty-two (22)" and insert "**twenty-one (21)**".

Page 2, line 25, delete "shall" and insert "**may**".

and when so amended that said bill do pass.

(Reference is to SB 481 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 8, Nays 0.

C
o
p
y



SENATE MOTION

Madam President: I move that Senators Sipes, Skinner and Mishler be added as coauthors of Senate Bill 481.

LAWSON C

SENATE MOTION

Madam President: I move that Senators Breaux, Gard and Riegsecker be added as coauthors of Senate Bill 481.

LAWSON C

SENATE MOTION

Madam President: I move that Senate Bill 481 be amended to read as follows:

Page 2, line 11, delete "Before July 1, 2005, the" and insert "**The**".
Page 2, line 23, delete "before July 1, 2005,".

(Reference is to SB 481 as printed February 11, 2005.)

LAWSON C

C
o
p
y



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 481, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 3, between lines 6 and 7, begin a new paragraph and insert:

"SECTION 4. [EFFECTIVE JULY 1, 2005] (a) As used in this SECTION, "eligible Medicaid recipient" means any of the following:

(1) An individual who is:

(A) at least sixty (60) years of age; and

(B) receiving services under a 1915c Medicaid waiver.

(2) A physically or developmentally disabled individual who is:

(A) at least eighteen (18) years of age but less than sixty-five (65) years of age; and

(B) receiving Medicaid home and community based waiver services.

(3) A developmentally disabled individual who is:

(A) at least three (3) years of age but less than eighteen (18) years of age; and

(B) receiving Medicaid home and community based waiver services.

(b) As used in this SECTION, "eligible services" means care received in the home or the community by an eligible Medicaid recipient that meets the recipient's long term care needs and without which the recipient would be at risk for institutional placement.

(c) As used in this SECTION, "office" refers to the office of Medicaid policy and planning established by IC 12-8-6-1.

(d) Before January 1, 2006, the office shall apply to the United States Department of Health and Human Services for approval of a waiver (commonly referred to as the cash and counseling or cash and carrying demonstration waiver) that would allow an eligible Medicaid recipient to receive a cash allowance or have control of a specific budget so that the recipient may purchase eligible services. The office may include in the waiver request a provision that would allow the office to provide an eligible Medicaid recipient with a case manager to assist the recipient by assessing the recipient's needs and establishing the recipient's budget.

(e) The office may not implement the waiver until the office files an affidavit with the governor attesting that the federal waiver

C
o
p
y



applied for under this SECTION is in effect. The office shall file the affidavit under this subsection not later than five (5) days after the office is notified by the United States Department of Health and Human Services that the waiver is approved.

(f) If the office receives approval of a waiver under this SECTION from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (e), the office shall implement the waiver not more than sixty (60) days after the governor receives the affidavit.

(g) The office may adopt rules under IC 4-22-2 necessary to implement this SECTION.

(h) This SECTION expires December 31, 2013."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 481 as reprinted February 15, 2005.)

BECKER, Chair

Committee Vote: yeas 8, nays 0.

C
o
p
y

